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U. S. COST REIMBURSABLE (Department, bureau, or establishment)								PAID BY				
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		ress)	(City)		State)		_					
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Order	or Service	schedule, and Discount Terms	other information dee	med necessary)	) 	QUANTITY	Cost	Per	Dollars	Cts.		
		Costs							33	3 46		
PAYMENT:  Complete  Partial  Final		Use co	ontinuation sheet(s) if ne	ecessary								
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Contract No.	Alol	$l_{ m Date}$	Reg. No			Pate		nvoice Rec'd	<u></u>			
Pursuant to autho	rity vested in me, I	certify that this account	t is correct and proper	for payment.				ا ب	/ /			
† Approved for \$.				†	<b></b>			1/2	5/56			
_			SIGN ORIGINAL					Officer)	,			
Ву	***************************************	•	ONLY	Title					STATI	NTL		
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	THE REVERSE OF THE	IS FORM MUST BE EXECUTED	WHEN PURCHASES ARE MAD	E OR SERVICES SEC	URED WITH	OUT WRITTEN A	GREEMENT I	N ANY FORM				
	ACCOUN	TING CLASSIFICATION	N (Appropriation Sym	bol must be sh	own; oth	er classificat	ion option	al)				
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ō	ONTRACTING	OFFICER						,				
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Paid by {			, 19						med above.			

## Standard Form Nicole Well For Release 2000/04/11: CIA-RDP64-00360R000400100019-7 Comptroller General, U. s. September 18, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal MEMORA

## Services Other Than Personal

**MEMORANDUM** 

CONTINUATION SHEET

No. and Date of Order	Date of ARTICLES OR SERVICES			UNIT	UNIT PRICE		AMOUNT	
	Delivery or Service	(Enter description, item number of contract or Federal supply sch and other information deemed necessary)	edule, QUAN	Cost	<u> </u>		Cti	
			<del></del>	·			_	
		Contract AlO1 - Costs applicable to all systems						
		Direct Costs Properly Chargeable to Contract AlO1 for the period 6-25-56 thru 7-1-56	5			      STATIN	TIL	
		and the second s				ואווויייונ		
		Labor Week Ending July 1, 1956						
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